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Symposium III: Prevention in Dyslipidemia

Dyslipidemia and Atherosclerosis**

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Abstract

Dyslipidemia and atherosclerosis are met in the concept of atherogenic dyslipidemia that has a metabolic basis. The metabolic basis for atherogenic dyslipidemia is not fully understood; It appears to be derived from some abnormalities in the regulation of lipids and lipoproteins by the liver. The most prominent in the development of atherogenic dyslipidemia is the excess production of VLDL particles, apo C-III, and liver lipase. This disorder is almost certainly a consequence of excess lipid liver. This overload in turn mostly comes from increased plasma nonesterified fatty acids (NEFA). There are several causes of increased plasma NEFA, among others, is upper body obesity. In obesity the upper body of adipose tissue is unusually resistant to insulin work to suppress NEFA release. Some patients exhibit excessive insulin resistance, and developing atherogenic dyslipidemia has developed at a mild degree of obesity. These patients are most likely to have a genetic basis for their insulin resistance. Finally, it should be recognized that patients with lipodystrophy are rare but these patients experience severe liver lipid overload and atherogenic dyslipidemia. Doctors still need to understand the role of dyslipidemia in the pathophysiology of insulin resistance syndrome to establish effective diagnosis and therapy for these patients.

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